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# United States Bankruptcy Court District of New Hampshire

|                                 | Debtor(s) | -                        |
|---------------------------------|-----------|--------------------------|
| Eck, David J. & Eck, Theresa J. |           | Chapter 7                |
| IN RE:                          |           | Case No. <b>07-12865</b> |

# STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

# 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE 55,783.49 YTD - gross wages 29,894.00 2006 7,351.00 2005

# 2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE 13,242.00 2005 - unemployment 1,500.00 2007 - comic book sales

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR **Charles Paquette** 155 Forestview Dr. Spofford, NH

DATES OF PAYMENTS 1st of each month \$1,295.00 monthly rent AMOUNT **AMOUNT** PAID STILL OWING 3,885.00 0.00

None b. Debtor whose debts are not primarily consumer debts. List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AND CASE NUMBER HSBC Bank US, N.A. v. Theresa and David Eck

NATURE OF PROCEEDING foreclosure

AND LOCATION **State of Connecticut Superior** Court

STATUS OR DISPOSITION pending

East Hampton Connecticut v. **David & Theresa Eck** 

damages (motor vehichle accident)

State of Connecticut Superior

pending

Theresa Eck v. David Epps

CAPTION OF SUIT

suing (motor vehichle accident)

**State of Connecticut Superior** Court

judgment for plaintiff

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

# 5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 8. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Gerald D. Neiman, Attorney At Law, PLLC 103 Roxbury St., Ste 302B Keene, NH 03431

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 12/27/2007

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 2,000.00

# 10. Other transfers

Unknown

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE 03/2007 - 11/2007 DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

comic books \$1500.00

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

# 11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

TYPE AND NUMBER OF ACCOUNT

NAME AND ADDRESS OF INSTITUTION AND AMOUNT OF FINAL BALANCE business checking Bank Of America \* **Customer Service** PO Box 1390 Norfolk, VA 23510

AMOUNT AND DATE OF SALE

OR CLOSING \$0 4/13/2007

**Liberty Bank** \$140.40 5/19/2007 checking 315 Main Street

Middletown, CT 06457

**Fidelity Investments** retirement \$4,500 1/2007

Cincinatti, OH

\$0 3/2007 Webster Bank checking Cromwell, CT

### 12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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|---|----|----|-----|---|----|---|---|
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None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

# 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

 $\checkmark$ 

### 15. Prior address of debtor

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS 8 West Point Rd. E. Hampton, CT 06424 NAME USED

David & Therea Eck

DATES OF OCCUPANCY

7/1999 - 2/2007

# 16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None I' (1 1 1 1 C

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

# 18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

LAST FOUR DIGITS
OF SOCIALSECURITY OR OTHER
INDIVIDUAL
TAXPAYER-I.D. NO.
(ITIN)/COMPLETE EIN ADDRESS

NATURE OF BUSINESS BEGINNING AND ENDING DATES

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f/d/b/a Paint-Men 8 West Point Rd. painting 2005-2006 E. Hampton, CT 06424

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

### 19. Books, records and financial statements

None a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of the case by the debtor.

# 20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

# 21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

# 22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

### 23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

### 24. Tax Consolidation Group

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

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# 25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date: <b>January 11, 2008</b> | Signature /s/ David J. Eck of Debtor         | David J. Eck   |
|-------------------------------|--|----------------|
| Date: <b>January 11, 2008</b> | Signature /s/ Theresa J. Eck of Joint Debtor | Theresa J. Eck |
|                               | (if any) 0 continuation pages attached       |                |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

Case No. **07-12865** 

Debtor(s)

(If known)

# **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY                     | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTORS INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
|--|--|---------------------------------------|---|----------------------------|
| single family home<br>8 West Point Rd.<br>E. Hampton, CT | JTWROS                                     | J                                     | 350,000.00  | 368,896.00                 |
|  |  |                                       |   |                            |
|  |  |                                       |   |                            |
|  |  |                                       |   |                            |
|  |  |                                       |   |                            |
|  |  |                                       |   |                            |

TOTAL

350,000.00

(Report also on Summary of Schedules)

Case No. <u>07-12865</u>

Debtor(s)

(If known)

# **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|--------------------------------------|---------------------------------------|--|
| 1.  | Cash on hand.   |                  | cash on hand                         | J                                     | 20.00  |
| 2.  | Checking, savings or other financial  |                  | Citizens Bank - checking (218-7)     | W                                     | 1,161.24   |
|     | accounts, certificates of deposit or<br>shares in banks, savings and loan,  |                  | Citizens Bank - checking (241-1)     | W                                     | 73.83  |
|     | thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives.  |                  | Citizens Bank - savings              | W                                     | 18.16  |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  |                  | security deposit - landlord          | J                                     | 1,295.00   |
| 4.  | Household goods and furnishings, include audio, video, and computer equipment.  |                  | household goods                      | J                                     | 2,450.00   |
| 5.  | Books, pictures and other art objects,<br>antiques, stamp, coin, record, tape,<br>compact disc, and other collections or<br>collectibles.   |                  | misc. dvd's cd's and books           | J                                     | 20.00  |
| 6.  | Wearing apparel.  |                  | clothing                             | J                                     | 1,000.00   |
| 7.  | Furs and jewelry.   |                  | misc. jewelry                        | J                                     | 600.00   |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   |                  | bicycles                             | J                                     | 50.00  |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  |                  | Met Life - whole life                | Н                                     | 3,261.90   |
| 10. | Annuities. Itemize and name each issue.   | Х                |                                      |                                       |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |                                      |                                       |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |                                      |                                       |  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | Х                |                                      |                                       |  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |                                      |                                       |  |
|     |   |                  |                                      |                                       |  |

\_\_ Case No. **07-12865** 

Debtor(s)

(If known)

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     |   |                  |  |                                       | 1  |
|-----|---|------------------|--|---------------------------------------|--|
|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY   | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments.   | X                |  |                                       |  |
| 16. | Accounts receivable.  | X                |  |                                       |  |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | X                |  |                                       |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |  |                                       |  |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                |  |                                       |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |  |                                       |  |
| 21. | Other contingent and unliquidated   |                  | 2007 Federal Tax refund  | J                                     | 4,000.00   |
|     | claims of every nature, including tax<br>refunds, counterclaims of the debtor,<br>and rights to setoff claims. Give<br>estimated value of each.   |                  | (appox. amount) Lawsuit - Motor Vehichle (appox. value \$8,000 before costs) | w                                     | 5,800.00   |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |  |                                       |  |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |  |                                       |  |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |  |                                       |  |
| 25. | Automobiles, trucks, trailers, and  |                  | 1991 Jeep Cherokee   | J                                     | 760.00   |
|     | other vehicles and accessories.   |                  | 1999 Plymouth Voyager  | J                                     | 2,090.00   |
|     |   |                  | 2001 Volkswagon (daughters)  | J                                     | 4,725.00   |
|     |   |                  | 2004 Volkswagon Jetta (to be surrendered)                                    | J                                     | 10,900.00  |
| 26. | Boats, motors, and accessories.   | X                |  |                                       |  |
| 27. | Aircraft and accessories.   | X                |  |                                       |  |
| 28. | Office equipment, furnishings, and supplies.  | X                |  |                                       |  |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |  |                                       |  |
| 30. | Inventory.  | X                |  |                                       |  |

Case No. **07-12865** 

Debtor(s)

(If known)

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|--|------------------|--------------------------------------|---------------------------------------|--|
| 31. Animals.   |                  | 1 dog (no cash value)                | J                                     | 0.00   |
|  |                  | 1 turtle - (no cash value)           | J                                     | 0.00   |
|  | v                | 2 cats (no cash value)               | J                                     | 0.00   |
| 32. Crops - growing or harvested. Give particulars.                                      | Х                |                                      |                                       |  |
| 33. Farming equipment and implements.  | X                |                                      |                                       |  |
| 34. Farm supplies, chemicals, and feed.  | Х                |                                      |                                       |  |
| <ol> <li>Other personal property of any kind<br/>not already listed. Itemize.</li> </ol> |                  | misc. yard equipment                 | J                                     | 600.00   |
| ,  |                  |                                      |                                       |  |
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|  |                  |                                      | ΓAL                                   | 38,825.13  |

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 $IN\ RE\ \mbox{Eck}$  Eck, David J. & Eck, Theresa J.

Case No. <u>07-12865</u>

(If known)

Debtor(s)

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

Check if debtor claims a homestead exemption that exceeds \$136,875.

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY                                      | SPECIFY LAW PROVIDING EACH EXEMPTION     | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|--|--|----------------------------|--|
| SCHEDULE B - PERSONAL PROPERTY                               |  |                            |  |
| cash on hand   | 11 USC § 522(d)(5)                       | 20.00                      | 20.00  |
| Citizens Bank - checking (218-7)                             | 11 USC § 522(d)(5)                       | 1,161.24                   | 1,161.24   |
| Citizens Bank - checking (241-1)                             | 11 USC § 522(d)(5)                       | 73.83                      | 73.83  |
| Citizens Bank - savings                                      | 11 USC § 522(d)(5)                       | 18.16                      | 18.16  |
| security deposit - landlord                                  | 11 USC § 522(d)(5)<br>11 USC § 522(d)(5) | 876.77<br>418.23           | 1,295.00   |
| household goods  | 11 USC § 522(d)(3)                       | 2,450.00                   | 2,450.00   |
| misc. dvd's cd's and books                                   | 11 USC § 522(d)(3)<br>11 USC § 522(d)(1) | 20.00<br>20.00             | 20.00  |
| clothing   | 11 USC § 522(d)(3)                       | 1,000.00                   | 1,000.00   |
| misc. jewelry  | 11 USC § 522(d)(4)                       | 600.00                     | 600.00   |
| bicycles   | 11 USC § 522(d)(3)                       | 50.00                      | 50.00  |
| Met Life - whole life  | 11 USC § 522(d)(7)                       | 3,261.90                   | 3,261.90   |
| 2007 Federal Tax refund (appox. amount)                      | 11 USC § 522(d)(5)                       | 4,000.00                   | 4,000.00   |
| Lawsuit - Motor Vehichle (appox. value \$8,000 before costs) | 11 USC § 522(d)(5)                       | 5,800.00                   | 5,800.00   |
| 1991 Jeep Cherokee   | 11 USC § 522(d)(2)                       | 760.00                     | 760.00   |
| 1999 Plymouth Voyager  | 11 USC § 522(d)(2)                       | 2,090.00                   | 2,090.00   |
| 2001 Volkswagon (daughters)                                  | 11 USC § 522(d)(5)                       | 632.00                     | 4,725.00   |
| misc. yard equipment   | 11 USC § 522(d)(5)                       | 600.00                     | 600.00   |
|  |  |                            |  |

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Case No. 07-12865

Schedules.)

Summary of Certain Liabilities and Related

Data.)

Debtor(s)

r(s) (If known)

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY                  |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|---|
| ACCOUNT NO. <b>73553983</b>  |          | J                                     | 8 West Point Rd. 9/06  |            | T            |          | 368,896.00  | 18,896.00                                     |
| Country Wide Mortgage Company<br>PO Box 660694<br>Dallas, TX 75266-0694                                    |          |                                       | E. Hampton, CT   |            |              |          |   |   |
|  |          |                                       | VALUE \$ 350,000.00  | +          | L            |          |   |   |
| Hunt Leibert Jacobson, PC 50 Weston St. Hartford, CT 06120   |          |                                       | Assignee or other notification for:<br>Country Wide Mortgage Company                                 |            |              |          |   |   |
|  |          |                                       | VALUE \$   |            |              |          |   |   |
| ACCOUNT NO. 835245994  |          | Н                                     | 2004 Volkswagon 8/04   |            |              |          | 11,338.00   | 438.00  |
| Volkswagon Credit Inc<br>1401 Franklin Blvd<br>Libertyville, IL 60048                                      |          |                                       |  |            |              |          |   |   |
|  |          |                                       | VALUE \$ 10,900.00   |            |              |          |   |   |
| ACCOUNT NO.  Volkswagon Credit PO Box 3 Hillsboro, OR 97123-0003   |          |                                       | Assignee or other notification for:<br>Volkswagon Credit Inc   |            |              |          |   |   |
|  |          |                                       | VALUE \$   |            |              |          |   |   |
| <b>1</b> continuation sheets attached  |          |                                       | (Total of  | ,          | oage<br>Tota | e)<br>al | \$ 380,234.00   |   |
|  |          |                                       | (Use only on   | last p     | oage         | e)       | \$ (Report also on Summary of Schodules)                          | \$ (If applicable, report also on Statistical |

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Case No. **07-12865** 

Debtor(s)

(If known)

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

|  |              |                                       | (Continuation Sneet)   |               |              |          |   |                              |
|--|--------------|---------------------------------------|--|---------------|--------------|----------|---|------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR     | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT    | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
| ACCOUNT NO. <b>835318266</b>   | Х            | Н                                     | 2001 Volkswagon  | t             |              |          | 4,093.00  |                              |
| Volkswagon Credit Inc<br>1401 Franklin Blvd<br>Libertyville, IL 60048                                      |              |                                       |  |               |              |          | ,,,,,,,,,,  |                              |
|  |              |                                       | VALUE \$ <b>4,725.00</b>   | 1             |              |          |   |                              |
| ACCOUNT NO.  |              |                                       |  |               |              |          |   |                              |
|  |              |                                       | VALUE \$   |               |              |          |   |                              |
| ACCOUNT NO.  |              |                                       |  |               |              |          |   |                              |
|  |              |                                       |  |               |              |          |   |                              |
|  |              |                                       | VALUE \$   | ┸             |              |          |   |                              |
| ACCOUNT NO.  |              |                                       |  |               |              |          |   |                              |
|  |              |                                       | VALUE \$   | $\frac{1}{1}$ |              |          |   |                              |
| ACCOUNT NO.  |              |                                       | VALUE 9  |               |              |          |   |                              |
|  |              |                                       |  |               |              |          |   |                              |
| ACCOUNT NO.  |              |                                       | VALUE \$   | +             | $\vdash$     |          |   |                              |
| ACCOUNT NO.  |              |                                       |  |               |              |          |   |                              |
|  |              |                                       | VALUE \$   | $\frac{1}{2}$ |              |          |   |                              |
| Sheet no. 1 of 1 continuation sheets attach  | ed           | to                                    |  | Sul           | otot         | L<br>al  |   |                              |
| Schedule of Creditors Holding Secured Claims   | <i>-</i> • • |                                       | (Total of t  | his j         | pag          | e)       | \$ 4,093.00   | \$                           |
|  |              |                                       | (Use only on l   | ast j         | Tot<br>pag   | al<br>e) | \$ 384,327.00   | \$ 19,334.00                 |
|  |              |                                       |  |               |              |          | /D  | (TC 11 11                    |

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

1 continuation sheets attached

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Case No. **07-12865** 

Debtor(s) (If known)

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations** Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). **Deposits by individuals** Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). **▼** Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). \* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case No. **07-12865** 

Debtor(s)

(If known)

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

# **Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM                                       | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY,<br>IF ANY |
|---|----------|---------------------------------------|--|------------|--------------|----------|-----------------------|--------------------------------------|--|
| ACCOUNT NO.   |          | J                                     | tax lien 2005-2006   | T          |              |          |                       |                                      |  |
| City Of East Hampton<br>Collection Of Revenue<br>P.O. Box 178<br>East Hampton, CT 06424-0178            |          |                                       |  |            |              |          | 3,657.99              | 3,657.99                             |  |
| ACCOUNT NO.   |          |                                       |  |            |              |          |                       |                                      |  |
| ACCOUNT NO.   | -        |                                       |  |            |              |          |                       |                                      |  |
| ACCOUNT NO.   | -        |                                       |  |            |              |          |                       |                                      |  |
| ACCOUNT NO.   | _        |                                       |  |            |              |          |                       |                                      |  |
| ACCOUNT NO.   | _        |                                       |  |            |              |          |                       |                                      |  |
| Sheet no. 1 of 1 continuation sheets  | s att    | ached                                 | to   | Sub        | otot         | al       |                       |                                      |  |
| Schedule of Creditors Holding Unsecured Priority  | Cla      | aims                                  | (Totals of the   | nis p      | oage         | e)       | \$ 3,657.99           | \$ 3,657.99                          | \$   |
| (Use only on last page of the comp  | plete    | ed Sch                                | nedule E. Report also on the Summary of Scl  |            | Tot<br>ıles  |          | \$ 3,657.99           |                                      |  |
| (Us<br>report also on th  | e oi     | nly on<br>atistic                     | last page of the completed Schedule E. If ap<br>al Summary of Certain Liabilities and Relate | plic       | Tot<br>abl   | e,       |                       | \$ 3,657.99                          | \$   |

Case No. **07-12865** 

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical

Summary of Certain Liabilities and Related Data.)

Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY UNLIQUIDATED CONTINGENT DISPUTED CREDITOR'S NAME, MAILING ADDRESS AMOUNT DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, AND ACCOUNT NUMBER. CONSIDERATION FOR CLAIM. IF CLAIM IS (See Instructions Above.) SUBJECT TO SETOFF, SO STATE CLAIM utility 2007 ACCOUNT NO. All Waste, Inc. P.O. Box 2472 Hartford, CT 06146-2472 98.22 credit card 2005-2007 ACCOUNT NO. 509148460014305602 American Express\* **Customer Service** PO Box 297812 Ft. Lauderdale, FL 33329-7812 10.694.00 Assignee or other notification for: ACCOUNT NO. American Express\* NCO Financial Sys., Inc. PO Box 15760 Wilmington, DE 19850 medical services ACCOUNT NO. 07-70773 **Amherst Rescue Squad** C/O Comstar Ambulance Billing Service 8 Turcotte Memorial Dr. Rowley, MA 01969 55.93 Subtotal 10,848.15 6 continuation sheets attached (Total of this page) Total

\_\_\_\_\_ Case No. **07-12865** 

Debtor(s)

(If known)

|  |          | (                                     | Continuation Sheet)   |                |              |          |                       |
|--|----------|---------------------------------------|---|----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT     | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.  |          | J                                     | utility 2007  | $\dagger$      |              |          |                       |
| AT&T* PO Box 8110 Aurora, IL 60507-8110  |          |                                       |   |                |              |          | 156.00                |
| ACCOUNT NO.  |          | J                                     | medical services 2007   |                |              |          |                       |
| Brattleboro Retreat P.O. Box 101 Brattleboro, VT 05302-0101  |          |                                       |   |                |              |          | 20.00                 |
| ACCOUNT NO. 400344261497   |          | w                                     | credit card 2005-2007   | +              |              |          | 20.00                 |
| Capital One * P.O. Box 5155 Norcross, GA 30091   |          |                                       |   |                |              |          | 6,326.00              |
| ACCOUNT NO.  |          | J                                     | medical services  |                |              |          | 0,020.00              |
| Cheshire Medical Center<br>580 Court Street<br>Keene, NH 03431   |          |                                       |   |                |              |          |                       |
| ACCOUNT NO.  Marcam Associates PO Box 230 Somersworth, NH 03878-0230                                     | -        |                                       | Assignee or other notification for:<br>Cheshire Medical Center  |                |              |          | 300.00                |
| A GOOD TO NO E 42419402522   |          | J                                     | credit card 2006  | +              |              |          |                       |
| ACCOUNT NO. 542418102522  Citicorp Credit Services, Inc. P.O. Box 6923 The Lakes, NV 88901               |          | J                                     | Citali Calu 2000  |                |              |          | 400.00                |
| A GGOVINTA VO  |          |                                       | Assigned or other notification for  | +              |              | -        | 423.00                |
| ACCOUNT NO.  United Collection Bureau, Inc. 5620 Southwyck Blvd., Ste. 206 Toledo, OH 43614              |          |                                       | Assignee or other notification for:<br>Citicorp Credit Services, Inc.   |                |              |          |                       |
| Sheet no1 of6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | <u> </u> |                                       | (Total of t   |                | age          | e)       | \$ 7,225.00           |
|  |          |                                       | (Use only on last page of the completed Schedule F. Repo<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relat | t als<br>tatis | stic         | n<br>al  | \$                    |

Case No. **07-12865** 

Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | (                                     | continuation sheet)  |            |                             |                     |                       |
|---|----------|---------------------------------------|--|------------|-----------------------------|---------------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                  | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT | UNLIQUIDATED                | DISPUTED            | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.   |          | J                                     | utility 2007   | $\dagger$  |                             |                     |                       |
| Connecticut Light & Power P.O. Box 2960 Hartford, CT 06104-2960   |          |                                       | <b>y</b>   |            |                             |                     | 637.00                |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:  | +          |                             |                     | 037.00                |
| Valentine & Kebartas, Inc. P.O. Box 325 15 Union Street Lawrence, MA 01840  | -        |                                       | Connecticut Light & Power  |            |                             |                     |                       |
| ACCOUNT NO.   |          | J                                     | medical services   | $\dagger$  |                             |                     |                       |
| Dartmouth Hitchcock Clinic Keene<br>PO Box 10547<br>Bedford, NH 03110-0547  | -        |                                       |  |            |                             |                     | 320.00                |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:  | t          |                             |                     |                       |
| Gragil Associates, Inc.<br>P.O. Box 1010<br>Pembroke, MA 02359-1010   | -        |                                       | Dartmouth Hitchcock Clinic Keene   |            |                             |                     |                       |
| ACCOUNT NO.   |          | J                                     | medical services 5/2007  | +          |                             |                     |                       |
| Dartmouth Hitchcock Medical Center Attn: Billing Department One Medical Center Dr. Lebanon, NH 03756                      | -        |                                       |  |            |                             |                     | 60.20                 |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:  | t          |                             |                     | 00:20                 |
| Computer Credit, Inc.<br>PO Box 5238<br>Winston-Salem, NC 27113-5238  | -        |                                       | Dartmouth Hitchcock Medical Center   |            |                             |                     |                       |
| ACCOUNT NO. <b>6167859</b>  | H        | J                                     | utility 2007   |            |                             |                     |                       |
| Direct TV<br>P.O. Box 9001069<br>Louisville, KY 40290-1069  |          |                                       |  |            |                             |                     |                       |
| Sheet no. <b>2</b> of <b>6</b> continuation sheets attached to  |          |                                       |  | Ç.,1.      | +6+                         | Ц                   | 265.00                |
| Sheet no. <b>2</b> of <b>6</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of t<br>(Use only on last page of the completed Schedule F. Repo<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relat | t als      | age<br>Fota<br>o o<br>stica | e)<br>al<br>n<br>al | \$ <b>1,282.20</b>    |

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\_\_\_ Case No. <u>07-12865</u>

(If known)

Debtor(s)

|  |          | (                                     | Continuation Sheet)   |            |              |          |                       |
|--|----------|---------------------------------------|---|------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.  |          | J                                     | medical services  |            |              |          |                       |
| Dr. Vonnahme & Associates<br>770 Broadway PMB 295<br>Raynham, MA 02767                                   |          |                                       |   |            |              |          | 130.00                |
| ACCOUNT NO. 40308  |          | J                                     | medical services 5/2007   |            |              |          |                       |
| Greater Nashua Emergeny Phys., PLLC<br>P.O. Box 845564<br>Boston, MA 02284-5564                          |          |                                       |   |            |              |          | 34.08                 |
| ACCOUNT NO. 6035320188647695   |          | Н                                     | credit card 2006  |            |              | -        | 04.00                 |
| Home Depot Credit Services* P.O. Box 689100 Des Moines, IA 50368-9100                                    |          | ••                                    |   |            |              |          | 4,609.00              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   |            |              |          | .,000.00              |
| United Collection Bureau, Inc.<br>5620 Southwyck Blvd., Ste. 206<br>Toledo, OH 43614                     |          |                                       | Home Depot Credit Services*   |            |              |          |                       |
| ACCOUNT NO. <b>29539</b>   |          | w                                     | credit report 2007  |            |              |          |                       |
| J.C. Penney* P.O. Box 981403 El Paso, TX 79998-1403  |          |                                       |   |            |              |          | 639.00                |
| ACCOUNT NO. <b>4122-494-105-420</b>  |          | w                                     | credit card 2007  |            |              |          | 033.00                |
| Macy's* P.O. Box 8066 Mason, OH 45040  |          |                                       |   |            |              |          |                       |
|  |          |                                       |   |            |              | $\Box$   | 910.00                |
| ACCOUNT NO. 1408   |          | w                                     | credit card 2006  |            |              |          |                       |
| MBNA America*<br>P.O. Box 15026<br>Wilmington, DE 19850-5027   |          |                                       |   |            |              |          | 0.000.00              |
| Sheet no. 3 of 6 continuation sheets attached to   |          |                                       |   | <br>Sub    | tota         |          | 8,929.00              |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of th  | is p<br>T  | age<br>Tota  | e)<br>il | \$ 15,251.08          |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules, and if applicable, on the St<br>Summary of Certain Liabilities and Relate | atis       | tica         | ıl       | \$                    |

\_ Case No. **07-12865** 

Debtor(s)

(If known)

|  |          |                                       | Continuation Sheet)   |                |              |          |                       |
|--|----------|---------------------------------------|---|----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT     | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.  |          | J                                     | medical services 5/2007   |                |              |          |                       |
| Nashua Radiology Professional Assoc.<br>P.O. Box 3595<br>Nashua, NH 03061-3595                           |          |                                       |   |                |              |          | 4.00                  |
| ACCOUNT NO. <b>8136849</b>   |          | Н                                     | medical services  |                |              |          |                       |
| Nco Fin /27<br>Pob 7216<br>Philadelphia, PA 19101  |          |                                       |   |                |              |          | 59.00                 |
| ACCOUNT NO. <b>53493971</b>  |          | н                                     | medical services 2006   | $\vdash$       |              |          | 33.00                 |
| Nco Fin/51 Po Box 13574 Philadelphia, PA 19101   | -        |                                       |   |                |              |          | 559.00                |
| ACCOUNT NO.  |          | J                                     | medical services  |                |              |          | 333.00                |
| Prohealth Physicians, Inc.<br>P.O. Box 140473 Dept. 295<br>Hartford, CT 06115-0473                       | -        |                                       |   |                |              |          |                       |
| ACCOUNT NO.  |          | J                                     | medical services  |                |              |          | 20.00                 |
| Radiology Associates Of Keene<br>217 Old Homestead Hwy.<br>Swanzey, NH 03446                             |          |                                       |   |                |              |          |                       |
| ACCOUNT NO. <b>906018336710002</b>   |          | Н                                     | student Ioan 2004-2007  |                |              |          | 50.00                 |
| Sallie Mae Servicing<br>1002 Arthur Dr<br>Lynn Haven, FL 32444   | -        |                                       | Student Ioan 2004-2007  |                |              |          |                       |
|  |          | ,,,,                                  | -tudent learn coop coop   |                |              |          | 19,733.00             |
| ACCOUNT NO. 978083762010003  | -        | W                                     | student loan 2003-2004  |                |              |          |                       |
| Sallie Mae Servicing<br>1002 Arthur Dr<br>Lynn Haven, FL 32444   |          |                                       |   |                |              |          |                       |
| Sheet no4 of6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of th  | Sub<br>iis p   |              |          | \$ 32,227.00          |
|  |          |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als<br>tatis | tic          | on<br>al | \$                    |

Case No. **07-12865** 

Debtor(s)

(If known)

|  |          | (•                                    | Continuation Sheet)  |                              |                    |                      |                       |
|--|----------|---------------------------------------|--|------------------------------|--------------------|----------------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT                   | UNLIQUIDATED       | DISPUTED             | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>5121-0796-0053-3274</b>   |          | w                                     | credit card 3/88   |                              |                    | Н                    |                       |
| Sear Mastercard* P.O. Box 6922 The Lakes, NV 88901-6922  |          |                                       |  |                              |                    |                      | 9 044 00              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  | $\vdash$                     |                    | Н                    | 8,911.00              |
| Northland Group, Inc* PO Box 390905 Edina, MN 55439  |          |                                       | Sear Mastercard*   |                              |                    |                      |                       |
| ACCOUNT NO. <b>J0714700064</b>   |          | J                                     | medical services   |                              |                    | Н                    |                       |
| St. Josephs Hospital<br>P.O. Box 2013<br>Nashua, NH 03061-2013   |          |                                       |  |                              |                    |                      | 121.36                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  | H                            |                    | Н                    | 121.30                |
| Nh Northeast Credit Services*<br>P.O. Box 6539<br>41 Simon St. #2A<br>Nashua, NH 03060-3091              |          |                                       | St. Josephs Hospital   |                              |                    |                      |                       |
| ACCOUNT NO.  |          | J                                     | medical services 4/2007  |                              |                    |                      |                       |
| The Training Room<br>P.O. Box 611<br>Hampstead, MD 21074-0000  |          |                                       |  |                              |                    |                      | 7.70                  |
| ACCOUNT NO. <b>1706019286A</b>   |          | J                                     | utility 4/2007   | H                            |                    | Н                    | 7.72                  |
| Valley Oil<br>P.O. Box 9594<br>Manchester, NH 03108-9594   |          |                                       | <b>,</b>   |                              |                    |                      | 4 405 00              |
| ACCOUNT NO. <b>005000192865</b>  |          | J                                     | utility 2007   |                              |                    | Н                    | 1,405.00              |
| Valley-Saybrook-Pipeline Oil<br>P.O. Box 981025<br>Boston, MA 02998-1025                                 |          |                                       | -  |                              |                    |                      |                       |
| Sheet no. 5 of 6 continuation sheets attached to   |          |                                       |  | <br>Sub                      | tot                |                      | 1,260.78              |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of the (Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | iis p<br>T<br>t als<br>tatis | age<br>Fota<br>o o | e)<br>al<br>on<br>al | \$ <b>11,705.86</b>   |

Case No. **07-12865** 

Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          |                                       | ,   |                  |              |          |                       |
|---|----------|---------------------------------------|---|------------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)    | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT       | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.   |          | J                                     | utility   | +                |              |          |                       |
| Verizon Wireless* P.O. Box 489 Newark, NJ 07101-0489  |          |                                       | <b>,</b>  |                  |              |          | 1,441.27              |
| ACCOUNT NO.  CCA PO Box 329 Norwell, MA 02061-0329  |          |                                       | Assignee or other notification for:<br>Verizon Wireless*  |                  |              |          | ,, <u>-</u> -         |
| ACCOUNT NO.  Nationwide Credit Corp P.O. Box 9156   |          |                                       | Assignee or other notification for:<br>Verizon Wireless*  |                  |              |          |                       |
| ACCOUNT NO.   |          | J                                     | medical services  |                  |              |          |                       |
| W.Van Sambeck DPL<br>244 South Main Street<br>Colchester, CT 06415  |          |                                       |   |                  |              |          | 210.00                |
| ACCOUNT NO.  Webster Bank P.O. Box 191 Waterbury, CT 06720-0191   |          | J                                     | over draft  |                  |              |          | 0.00                  |
| ACCOUNT NO. 109040797308124   |          | W                                     | credit card 8/2007  | ╁                |              |          | 0.00                  |
| Wffinancial 77 Hartland St Ste East Hartford, CT 06108  |          |                                       |   |                  |              |          | 1 445 00              |
| ACCOUNT NO.  Wells Fargo Bank P.O. Box 4233 Portland, OR 97208  | -        |                                       | Assignee or other notification for:<br>Wffinancial  |                  |              |          | 1,115.00              |
| Sheet no. 6 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | <u></u>  |                                       | (Total of t   |                  |              | e)       | \$ 2,766.27           |
|   |          |                                       | (Use only on last page of the completed Schedule F. Repo<br>the Summary of Schedules, and if applicable, on the<br>Summary of Certain Liabilities and Relat | rt als<br>Statis | so o         | on<br>al | \$ 81,305.56          |

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Case No. <u>07-12865</u>

Debtor(s)

(If known)

# SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

✓ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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Case No. **07-12865** 

Debtor(s)

(If known)

# **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR                     | NAME AND ADDRESS OF CREDITOR  |
|--|---|
| Amber Eck<br>85 N. Main Street<br>E. Hampton, CT | Volkswagon Credit Inc<br>1401 Franklin Blvd<br>Libertyville, IL 60048 |
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Case No. 07-12865 Debtor(s)

# SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Debtor's Marital Status  |   | DEPENDENT  | S OF DEBTOR AND  | ) SPOU               | SE                           |                   |                  |
|--|---|--|--|----------------------|------------------------------|-------------------|------------------|
| Married  |   | RELATIONSHIP(S):  Daughter  Daughter   |  |                      |                              | AGE(S<br>14<br>12 | ):               |
| EMPLOYMENT:  |   | DEBTOR   |  |                      | SPOUSE                       |                   |                  |
| Occupation<br>Name of Employer<br>How long employed<br>Address of Employer   | Computer Pro<br>Holstein Asso<br>9 Months<br>1 Holstein Pla<br>Brattleboro, \ | ociates  | Preschool-Aide<br>Montessori Sch<br>6 Months<br>Washington Str<br>Keene, NH 0343 | oolho<br>eet         |                              |                   |                  |
| 1. Current monthly § 2. Estimated monthl   | gross wages, sa   | projected monthly income at time case file lary, and commissions (prorate if not paid n        |  | \$<br>\$             | DEBTOR<br><b>5,015.01</b>    | \$                | SPOUSE<br>920.83 |
| <ol> <li>SUBTOTAL</li> <li>LESS PAYROLL         <ul> <li>Payroll taxes an</li> <li>Insurance</li> <li>Union dues</li> <li>Other (specify)</li> </ul> </li> </ol> |   | ity  |  | \$<br>\$<br>\$<br>\$ | 5,015.01<br>766.29<br>332.69 | \$<br>\$<br>\$    | 920.83           |
|  | Med Flex Re   |  |  | \$                   | 43.33                        |                   | 407.55           |
| 5. SUBTOTAL OF<br>6. TOTAL NET M   |   |  |  | \$<br>\$             | 1,142.31<br>3,872.70         |                   | 127.55<br>793.28 |
| 8. Income from real<br>9. Interest and divide<br>10. Alimony, mainte<br>that of dependents li  | property<br>ends<br>nance or suppo<br>sted above                              | of business or profession or farm (attach det<br>ort payments payable to the debtor for the de |  | \$<br>\$<br>\$       |                              | \$<br>\$<br>\$    |                  |
| 11. Social Security of (Specify)   |   | ment assistance  |  | \$<br>\$<br>\$       |                              | \$<br>\$          |                  |
| 13. Other monthly ir (Specify)   | come  |  |  | \$<br>\$<br>\$       |                              | \$<br>\$<br>\$    |                  |
| 14. SUBTOTAL O   |   | IROUGH 13 OME (Add amounts shown on lines 6 and  | 14)  | \$<br>\$             | 3,872.70                     | \$<br>\$          | 793.28           |
| 16. COMBINED A   | VERAGE MO   | ONTHLY INCOME: (Combine column tot tal reported on line 15)                                    |  |                      | \$                           | 4,665             | .98              |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

(If known)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: Spouse works as a substitute school aid, hours worked are not on a regular basis.

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Debtor(s)

Case No. **07-12865** 

(If known)

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, |
|--|
| quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed          |
| on Form22A or 22C.   |

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| 1. Rent or home mortgage payment (include lot rented for mobile home)                                       | \$          | 1,295.00 |
|---|-------------|----------|
| a. Are real estate taxes included? Yes No   |             |          |
| b. Is property insurance included? Yes No V   |             |          |
| 2. Utilities:   |             |          |
| a. Electricity and heating fuel   | \$          | 475.00   |
| b. Water and sewer  | \$          |          |
| c. Telephone  | \$          | 148.28   |
| d. Other Family Cell Phones   | \$          | 200.00   |
| Waste Management  | \$          | 40.00    |
| 3. Home maintenance (repairs and upkeep)  | \$          | 50.00    |
| 4. Food   | \$          | 730.00   |
| 5. Clothing   | \$          | 125.00   |
| 6. Laundry and dry cleaning   | \$          | 50.00    |
| 7. Medical and dental expenses  | \$          | 50.00    |
| 8. Transportation (not including car payments)  | \$          | 575.00   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$          | 25.00    |
| 10. Charitable contributions  | \$          |          |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                               |             |          |
| a. Homeowner's or renter's  | \$          |          |
| b. Life   | \$          | 65.00    |
| c. Health   | \$          |          |
| d. Auto   | \$          | 190.00   |
| e. Other  | \$          |          |
|   | <u>*</u>    |          |
| 12. Taxes (not deducted from wages or included in home mortgage payments)                                   | +           |          |
| (Specify)   | \$          |          |
| (4F))   | ·           |          |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) | <u> </u>    |          |
| a. Auto   | \$          |          |
| b. Other Student Loan   | \$ —        | 250.00   |
| Mortgage  | <u>\$</u>   | 2,339.00 |
| 14. Alimony, maintenance, and support paid to others  | <u>\$</u>   |          |
| 15. Payments for support of additional dependents not living at your home                                   | \$ —        |          |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)            | \$ —        |          |
| 17. Other Pet Care  | \$          | 40.00    |
| Hair Care   | \$          | 75.00    |
| School Lunch - Expenses   | <u>*</u>    | 130.00   |
|   | —         — |          |
| <b>18. AVERAGE MONTHLY EXPENSES</b> (Total lines 1-17. Report also on Summary of Schedules and, if          |             |          |
| applicable on the Statistical Summary of Certain Liabilities and Related Data                               | \$          | 6.852.28 |

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: **None** 

# 20. STATEMENT OF MONTHLY NET INCOME

| a. Average monthly income from Line 15 of Schedule I | \$ 4,665.97  |
|--|--------------|
| b. Average monthly expenses from Line 18 above       | \$ 6,852.28  |
| c. Monthly net income (a. minus b.)                  | \$ -2,186.31 |

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Debtor(s)

Case No. 07-12865

(If known)

# DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 22 sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: January 11, 2008 Signature: /s/ David J. Eck Debtor David J. Eck Signature: /s/ Theresa J. Eck Date: January 11, 2008 (Joint Debtor, if any) Theresa J. Eck [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP I, the (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief. Signature:

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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# United States Bankruptcy Court District of New Hampshire

| II | N RE:  | Case No. <b>07-12865</b>   |                |
|----|--|--|----------------|
| E  | ck, David J. & Eck, Theresa J.   | Chapter 7  |                |
|    |  | otor(s)  |                |
|    | DISCLOSURE O   | F COMPENSATION OF ATTORNEY FOR DEBTOR  |                |
| 1. |  | le 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation pairtcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in sllows:  |                |
|    | For legal services, I have agreed to accept  | \$   | 2,000.00       |
|    | Prior to the filing of this statement I have received .  | \$   | 2,000.00       |
|    | Balance Due  | \$   | 0.00           |
| 2. | The source of the compensation paid to me was:   | Debtor Other (specify):  |                |
| 3. | The source of compensation to be paid to me is:  | Debtor Other (specify):  |                |
| 4. | I have not agreed to share the above-disclosed of  | compensation with any other person unless they are members and associates of my law firm.  |                |
|    | I have agreed to share the above-disclosed com together with a list of the names of the people s | pensation with a person or persons who are not members or associates of my law firm. A copy of sharing in the compensation, is attached.   | the agreement, |
| 5. | In return for the above-disclosed fee, I have agreed to  | to render legal service for all aspects of the bankruptcy case, including:   |                |
|    | b. Preparation and filing of any petition, schedules   | rendering advice to the debtor in determining whether to file a petition in bankruptcy; s, statement of affairs and plan which may be required; creditors and confirmation hearing, and any adjourned hearings thereof; credings and other contested bankruptey matters; |                |
| 6. |  | ary proceedings and other contested bankruptcy matters, negotiation of n orginal or existing terms; Motions for Relief from Stay, Lien Avoidance,  | Motions        |
|    |  | CERTIFICATION  |                |
|    | I certify that the foregoing is a complete statement of ar proceeding.                           | ny agreement or arrangement for payment to me for representation of the debtor(s) in this bankrupto  | ;y             |
|    | January 11, 2008<br>Date   | /s/ Gerald D. Neiman Signature of Attorney   |                |

Gerald D. Neiman, Attorney At Law, PLLC

Name of Law Firm

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# UNITED STATES BANKRUPTCY COURT

# NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

# 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

# 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

# <u>Chapter 7</u>: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

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using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

# **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

# Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

# 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

# Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by  $\S 342(b)$  of the Bankruptcy Code.

| Printed Name and title, if any, of Bankruptcy Petition Preparer Address:  | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, |
|---|--|
| X   | principal, responsible person, or partner of<br>the bankruptcy petition preparer.)<br>(Required by 11 U.S.C. § 110.)               |
| Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above. |  |
| Certificate of the Debtor I (We), the debtor(s), affirm that I (we) have received and read this notice.   |  |

| Eck, David J. & Eck, Theresa J.     | X /s/ David J. Eck                 | 1/11/2008 |
|-------------------------------------|------------------------------------|-----------|
| Printed Name(s) of Debtor(s)        | Signature of Debtor                | Date      |
| Case No. (if known) <b>07-12865</b> | X /s/ Theresa J. Eck               | 1/11/2008 |
|                                     | Signature of Joint Debtor (if any) | Date      |

# Case: 07-12865-MWV Doc #: 12 Filed: 01/11/08 Desc: Main Document Page 31 of 41

| B22A (Official Form 22A) (Chapter 7) (01/08) | According to the calculations required by this statement:              |
|--|--|
|  | ☐ The presumption arises   |
| In re: Eck, David J. & Eck, Theresa J.       | The presumption does not arise   |
| Debtor(s)                                    |  |
| Case Number: <b>07-12865</b>                 | (Check the box as directed in Parts I, III, and VI of this statement.) |
| (If known)                                   |  |

# CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

|    |                         | Part I. EXCLUSION FOR DISABLED VI  | ETERANS AND NON-CONSUM   | ER DEBTOR                  | S                              |  |  |  |
|----|-------------------------|--|--|----------------------------|--------------------------------|--|--|--|
| 1A | Vete                    | If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.   |  |                            |                                |  |  |  |
| IA | in 38                   | eteran's Declaration. By checking this box, I dec<br>B U.S.C. § 3741(1)) whose indebtedness occurred p<br>I.S.C. § 101(d)(1)) or while I was performing a hor  | as on active duty  | (as defined in             |                                |  |  |  |
| 1B |                         | ur debts are not primarily consumer debts, check to plete any of the remaining parts of this statement.  | he box below and complete the verific                                      | ation in Part VIII         | . Do not                       |  |  |  |
|    |                         | eclaration of non-consumer debts. By checking  | this box, I declare that my debts are no                                   | ot primarily consu         | ımer debts.                    |  |  |  |
|    |                         | Part II. CALCULATION OF MONTH  | LY INCOME FOR § 707(b)(7) E  | EXCLUSION                  |                                |  |  |  |
|    | Mar                     | ital/filing status. Check the box that applies and c   | complete the balance of this part of this                                  | s statement as dire        | ected.                         |  |  |  |
|    | a. 🗌                    | Unmarried. Complete only Column A ("Debtor   | r's Income'') for Lines 3-11.  |                            |                                |  |  |  |
|    | b. □                    | b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.   |  |                            |                                |  |  |  |
| 2  | c. 🗌                    | Married, not filing jointly, without the declaration Column A ("Debtor's Income") and Column I   |  | e 2.b above. <b>Con</b>    | nplete both                    |  |  |  |
|    | d. 🗸                    | d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.  |  |                            |                                |  |  |  |
|    | the si                  | igures must reflect average monthly income received ix calendar months prior to filing the bankruptcy of the before the filing. If the amount of monthly income divide the six-month total by six, and enter the restaurant of the six-month total by six, and enter the restaurant of the six-month total by six, and enter the restaurant of the six-month total by six, and enter the restaurant of the six-month total by six, and enter the restaurant of the six-month total by six, and enter the restaurant of the six-month total by six, and enter the restaurant of the six-month total by six, and enter the restaurant of the six-month total by six, and enter the restaurant of the six-month total by six, and enter the restaurant of the six-month total by six, and enter the restaurant of the six-month total by six, and enter the restaurant of the six-month total by six, and enter the six-month total by six-mo | ase, ending on the last day of the<br>ne varied during the six months, you | Column A  Debtor's  Income | Column B<br>Spouse's<br>Income |  |  |  |
| 3  | Gros                    | ss wages, salary, tips, bonuses, overtime, commi   | issions.   | \$ 4,999.88                | \$ 452.61                      |  |  |  |
| 4  | a and<br>one b<br>attac | me from the operation of a business, profession<br>d enter the difference in the appropriate column(s)<br>business, profession or farm, enter aggregate numb<br>hment. Do not enter a number less than zero. Do not<br>enses entered on Line b as a deduction in Part V  |  |                            |                                |  |  |  |
|    | a.                      | Gross receipts   | \$   |                            |                                |  |  |  |
|    | b.                      | Ordinary and necessary business expenses   | \$   |                            |                                |  |  |  |
|    | c.                      | Business income  | Subtract Line b from Line a  | •                          | ¢                              |  |  |  |

# B22A (Official Form 22A) (Chapter 7) (01/08)

| ) L L A ( | Omc   | ai Form 22A) (Chapter 7) (01/00)  |  |                                 |            |                                       |          |        |                |      |           |
|-----------|---|---|--|---------------------------------|------------|---------------------------------------|----------|--------|----------------|------|-----------|
|           | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. |   |  |                                 |            |                                       |          |        |                |      |           |
| 5         | a.  | Gross receipts  |  | \$                              |            |                                       |          |        |                |      |           |
|           | b.  | Ordinary and necessary operating  | expenses                                       | \$                              |            |                                       |          |        |                |      |           |
|           | c.  | Rent and other real property incon  | ne   | Subtract I                      | ine b fro  | m Line a                              |          | \$     |                | \$   |           |
| 6         | Inter   | rest, dividends, and royalties.   |  |                                 |            |                                       |          | \$     |                | \$   |           |
| 7         |   | ion and retirement income.  |  |                                 |            |                                       |          | \$     |                | \$   |           |
| 8         | expe<br>that  | amounts paid by another person on the debtor's purpose. Do not include alimony or our spouse if Column B is completed.  | <b>dependents, i</b><br>r separate mair        | ncluding c                      | nild supp  | ort paid f                            | or       | \$     |                | \$   |           |
| 9         | How<br>was a  | <b>mployment compensation.</b> Enter the ever, if you contend that unemployn a benefit under the Social Security Amn A or B, but instead state the amount of the security Amn A or B, but instead state the amount of the security Amn A or B, but instead state the amount of the security Amn A or B, but instead state the amount of the security of the securit | nent compensa<br>Act, do not list              | tion receive<br>the amount      | ed by you  | or your sp                            | ouse     |        |                |      |           |
|           | clai  | employment compensation med to be a benefit under the cial Security Act   | Debtor \$                                      |                                 | Spouse     | \$                                    |          | \$     |                | \$   |           |
| 10        | paid<br>alim<br>Secu  | tes on a separate page. Do not incluby your spouse if Column B is contained on your separate maintenance. Do not include the contained of the       | mpleted, but in not include any ictim of a war | <b>nclude all</b> y benefits re | other pay  | yments of<br>nder the So<br>humanity, | ocial    |        |                |      |           |
|           | b.  |   |  |                                 |            | \$                                    |          |        |                |      |           |
|           | Tot   | al and enter on Line 10   |  |                                 |            |                                       |          | \$     | 250.00         | \$   |           |
| 11        |   | otal of Current Monthly Income f<br>if Column B is completed, add Line  |  |                                 |            |                                       |          | \$     | 5,249.88       | \$   | 452.61    |
| 12        | Line  | l Current Monthly Income for § 7<br>11, Column A to Line 11, Column I<br>pleted, enter the amount from Line 1   | B, and enter the                               |                                 |            |                                       |          | \$     |                |      | 5,702.49  |
|           |   | Part III. AP  | PLICATION                                      | N OF § 70                       | 7(B)(7) I  | EXCLUS                                | ION      |        |                |      |           |
| 13        |   | ualized Current Monthly Income and enter the result.  | for § 707(b)(7                                 | ). Multiply                     | the amou   | ınt from Li                           | ne 12 b  | y the  |                | \$   | 68,429.88 |
| 14        | hous  | licable median family income. Enter<br>ehold size. (This information is avainant ankruptcy court.)  |  |                                 |            |                                       |          |        | rk of          |      |           |
|           | a. En   | ter debtor's state of residence: New  | Hampshire                                      |                                 | _ b. Ente  | er debtor's                           | househo  | old si | ze: _ <b>4</b> | \$   | 87,396.00 |
|           |   | Application of Section707(b)(7). Check the applicable box and proceed as directed.  |  |                                 |            |                                       |          |        |                |      |           |
| 15        | _ n   | The amount on Line 13 is less than not arise" at the top of page 1 of this  | statement, and                                 | d complete                      | Part VIII; | do not co                             | mplete I | Parts  | IV, V, VI,     | or V | П.        |
|           | The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement  |   |  |                                 |            |                                       |          |        |                |      |           |

| B22A ( | Official   | Form 22A) (Chapter 7) (01/   | 08)   |   |  |   |  |    |
|--------|--|--|---|---|--|---|--|----|
|        |  | Part IV. CALCULATI   | ON OF CURR  | ENT   | MONTHLY  | INCOME FO   | OR § 707(b)(2)   |    |
| 16     | Enter  | the amount from Line 12.   |   |   |  |   |  | \$ |
| 17     | Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.    \$   b. |  |   |   |  |   |  |    |
| 18     | Curre  | ent monthly income for § 707   | <b>(b)(2).</b> Subtract I   | Line 17   | from Line 16   | and enter the re  | sult.  | \$ |
|        |  | Part V. CAL  | CULATION O  |   |  |   |  |    |
|        | NI-41-   |  |   |   |  |   |  |    |
| 19A    | Nation   | nal Standards: food, clothing<br>nal Standards for Food, Clothin<br>lable at www.usdoj.gov/ust/ or   | g and Other Item  | ns for tl   | ne applicable l  | nousehold size. (   |  | \$ |
| 19B    | Out-of<br>Out-of<br>www.t<br>your h<br>housel<br>the nu-<br>member   | F-Pocket Health Care for person asdoj.gov/ust/ or from the clerk ousehold who are under 65 years of age of mber stated in Line 14b.) Multiers under 65, and enter the result of the members 65 and older, an care amount, and enter the results. | ns under 65 years of ago of the bankrupto ars of age, and en rolder. (The total iply Line a1 by Lult in Line c1. Mud enter the result | of age or old on old on old | e, and in Line a<br>der. (This informat.) Enter in Li-<br>Line b2 the nu-<br>er of household<br>to obtain a tot<br>Line a2 by Line | a2 the IRS Nation remation is available the number of member id members must all amount for home b2 to obtain a | onal Standards for<br>table at<br>or of members of<br>es of your<br>t be the same as<br>busehold<br>total amount for |    |
|        | Hou  | sehold members under 65 ye   | ars of age  | Hou   | sehold memb  | ers 65 years of   | age or older   |    |
|        | a1.  | Allowance per member   |   | a2.   | Allowance p  |   |  |    |
|        | b1.  | Number of members  |   | b2.   | Number of r  | nembers   |  |    |
|        | c1.  | Subtotal   |   | c2.   | Subtotal   |   |  | \$ |
| 20A    | and U  | Standards: housing and utilitilities Standards; non-mortgag<br>nation is available at www.usdo   | e expenses for th   | e appli   | cable county a   | and household si  |  | \$ |
| 20B    | <b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b>   |  |   |   |  |   |  |    |
| 200    | b.   | IRS Housing and Utilities Star<br>Average Monthly Payment for<br>any, as stated in Line 42   |   |   | _  | \$  |  |    |
|        |  | Net mortgage/rental expense  |   |   |  | Subtract Line   | b from Line a  | \$ |
|        | ╽┕──┴  |  |   |   |  | l   |  | Ψ  |

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# B22A (Official Form 22A) (Chapter 7) (01/08)

| 21  | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:  |   |   |    |  |  |
|-----|---|---|---|----|--|--|
|     |   |   |   | \$ |  |  |
|     | an ex   | Al Standards: transportation; vehicle operation/public transportation; pense allowance in this category regardless of whether you pay the expegardless of whether you use public transportation.  |   |    |  |  |
|     |   | k the number of vehicles for which you pay the operating expenses or<br>uses are included as a contribution to your household expenses in Line  |   |    |  |  |
| 22A |   | $\square$ 1 $\square$ 2 or more.  |   |    |  |  |
|     | If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) |   |   |    |  |  |
|     | 1   | al Standards: transportation; additional public transportation exp  | <b>Dense.</b> If you pay the operating                        | \$ |  |  |
| 220 | expe  | nses for a vehicle and also use public transportation, and you contend  | that you are entitled to an                                   |    |  |  |
| 22B |   | ional deduction for your public transportation expenses, enter on Line sportation" amount from IRS Local Standards: Transportation. (This a   |   |    |  |  |
|     | www   | v.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)  |   | \$ |  |  |
|     | whic  | al Standards: transportation ownership/lease expense; Vehicle 1. On the you claim an ownership/lease expense. (You may not claim an ownership vehicles.)  |   |    |  |  |
|     |   | 2 or more.  |   |    |  |  |
| 23  | Tran  | r, in Line a below, the "Ownership Costs" for "One Car" from the IRS sportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the babtal of the Average Monthly Payments for any debts secured by Vehic act Line b from Line a and enter the result in Line 23. <b>Do not enter a</b>  | ankruptcy court); enter in Line b le 1, as stated in Line 42; |    |  |  |
|     | a.  | IRS Transportation Standards, Ownership Costs   | \$  |    |  |  |
|     | b.  | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42  | \$  |    |  |  |
|     | c.  | Net ownership/lease expense for Vehicle 1   | Subtract Line b from Line a                                   | \$ |  |  |
|     | Enter   | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards:  Transportation (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b |   |    |  |  |
| 24  | the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42;   |   |   |    |  |  |
| 24  | a.  | IRS Transportation Standards, Ownership Costs, Second Car   | \$  |    |  |  |
|     | b.  | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42  | \$  |    |  |  |
|     | c.  | Net ownership/lease expense for Vehicle 2   | Subtract Line b from Line a                                   | \$ |  |  |

# **B22A** (Official Form 22A) (Chapter 7) (01/08)

| OHILL  | ai Form 22A) (Chapter /) (01/08)   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| feder  | ral, state, and local taxes, other than real estate and sales taxe   | s, such as income taxes, self employme   |  |  |  |  |  |
| payro  | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  |  |  |  |  |  |  |
| for te   | erm life insurance for yourself. Do not include premiums fo  |  | \$   |  |  |  |  |
| requi  | red to pay pursuant to the order of a court or administrative  | agency, such as spousal or child suppor  | t<br>\$  |  |  |  |  |
| child<br>empl  | I. Enter the total average monthly amount that you actually exoyment and for education that is required for a physically or  | spend for education that is a condition mentally challenged dependent child for  |  |  |  |  |  |
| Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational  |  |  |  |  |  |  |  |
| exper<br>reiml   | nd on health care that is required for the health and welfare obursed by insurance or paid by a health savings account, and  | f yourself or your dependents, that is n that is in excess of the amount entered   | in   |  |  |  |  |
| Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously |  |  |  |  |  |  |  |
| Tota   | l Expenses Allowed under IRS Standards. Enter the total  | of Lines 19 through 32.  | \$   |  |  |  |  |
|  |  |  | •  |  |  |  |  |
| expe   | nses in the categories set out in lines a-c below that are reaso   |  |  |  |  |  |  |
| a.   | Health Insurance   | \$   |  |  |  |  |  |
| b.   | Disability Insurance   | \$   |  |  |  |  |  |
| c.   | Health Savings Account   | \$   |  |  |  |  |  |
| Total  | l and enter on Line 34   |  | \$   |  |  |  |  |
| If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  |  |  |  |  |  |  |  |
| \$   |  |  |  |  |  |  |  |
| mont<br>elder  | hly expenses that you will continue to pay for the reasonable<br>ly, chronically ill, or disabled member of your household or  | and necessary care and support of an   | is \$  |  |  |  |  |
| Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.   |  |  |  |  |  |  |  |
|  | Other feder taxes Other payro and to the for the whole of the requirement of the child employment of the child employment of the special of t | Other Necessary Expenses: taxes. Enter the total average month federal, state, and local taxes, other than real estate and sales taxe taxes, social security taxes, and Medicare taxes. Do not include r Other Necessary Expenses: involuntary deductions for employ payroll deductions that are required for your employment, such other Necessary Expenses: life insurance. Enter total average of the required to pay pursuant to the order of a court or administrative a payments. Do not include payments. Enter the required to pay pursuant to the order of a court or administrative apyments. Do not include payments on past due obligations in Other Necessary Expenses: education for employment or for child. Enter the total average monthly amount that you actually employment and for education that is required for a physically or whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average on childcare—such as baby-sitting, day care, nursery and preschopayments.  Other Necessary Expenses: health care. Enter the total average expend on health care that is required for the health and welfare or enimbursed by insurance or paid by a health savings account, and Line 19B. Do not include payments for health insurance or he Other Necessary Expenses: telecommunication services. Enter you actually pay for telecommunication services other than your service— such as pagers, call waiting, caller id, special long distancessary for your health and welfare or that of your dependents.  Bubpart B: Additional Expense Ded Note: Do not include any expenses that your dependents.  Health Insurance, Disability Insurance, and Health Savings A expenses in the categories set out in lines a-c below that are reaso spouse, or your dependents.  Health Savings Account  Total and enter on Line 34  If you do not actually expend this total amount, state your actual the space below:  S | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for a federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social scurity taxes, and Medicare taxes. Do not include real estate or sales taxes.  Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(x) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is neither service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessar |  |  |  |  |

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| B22A ( | Offici   | al Form 22A) (Chapter 7) (01/0   | 18)   |   |  |                                       |    |
|--------|--|--|---|---|--|---------------------------------------|----|
| 37     | Loca prov  | ne energy costs. Enter the total and Standards for Housing and Utilide your case trustee with docuthe additional amount claimed  | ities, that<br><b>imentatic</b>                                   | you actually expend for of your actual expe   | or home energy cost  | s. You must                           | \$ |
| 38     | you a<br>secon   | ducation expenses for dependent children less than 18. Enter the total average monthly expenses that ou actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or condary school by your dependent children less than 18 years of age. You must provide your case ustee with documentation of your actual expenses, and you must explain why the amount claimed reasonable and necessary and not already accounted for in the IRS Standards. |   |   |  |                                       |    |
| 39     | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.   |  |   |   |  |                                       |    |
| 40     |  | tinued charitable contributions<br>or financial instruments to a char  |   |   |  |                                       | \$ |
| 41     |  | l Additional Expense Deductio  |   | •   |  |                                       | \$ |
|        |  |  | Subpart C   | C: Deductions for Deb   | t Payment  |                                       |    |
| 42     | you o<br>Payn<br>the to<br>follo   | pre payments on secured claims own, list the name of the creditor nent, and check whether the paymotal of all amounts scheduled as a wing the filing of the bankruptcy. Enter the total of the Average Name of Creditor  | , identify<br>nent inclu<br>contractua<br>case, div<br>Monthly Pa | the property securing the taxes or insurance. ally due to each Secured ided by 60. If necessary ayments on Line 42. | he debt, state the A<br>The Average Mond<br>d Creditor in the 60 | verage Monthly thly Payment is months | \$ |
| 43     | Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.    Name of Creditor |  |   |   |  |                                       |    |
| 44     | such   | nents on prepetition priority cl<br>as priority tax, child support and<br>ruptcy filing. Do not include cu   | alimony   | claims, for which you   | were liable at the ti  | me of your                            | \$ |

|    | <b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.  |                   |  |  |  |  |  |
|----|---|-------------------|--|--|--|--|--|
|    | a. Projected average monthly chapter 13 plan payment. \$  |                   |  |  |  |  |  |
| 45 | b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at  www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)  X |                   |  |  |  |  |  |
|    | c. Average monthly administrative expense of chapter 13 Total: Multiply Lines a and b   | \$                |  |  |  |  |  |
| 46 | <b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.   | \$                |  |  |  |  |  |
|    | Subpart D: Total Deductions from Income   |                   |  |  |  |  |  |
| 47 | Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.   | \$                |  |  |  |  |  |
|    | Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION   |                   |  |  |  |  |  |
| 48 | Enter the amount from Line 18 (Current monthly income for § 707(b)(2))  | \$                |  |  |  |  |  |
| 49 | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))   | \$                |  |  |  |  |  |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.  | \$                |  |  |  |  |  |
| 51 | <b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.  | \$                |  |  |  |  |  |
|    | <b>Initial presumption determination.</b> Check the applicable box and proceed as directed.   |                   |  |  |  |  |  |
|    | ☐ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.        |                   |  |  |  |  |  |
| 52 | ☐ The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not remainder of Part VI.      |                   |  |  |  |  |  |
|    | ☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of though 55).  | Part VI (Lines 53 |  |  |  |  |  |
| 53 | Enter the amount of your total non-priority unsecured debt  |                   |  |  |  |  |  |
| 54 | <b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.   | \$                |  |  |  |  |  |
|    | <b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.   |                   |  |  |  |  |  |
| 55 | The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption d the top of page 1 of this statement, and complete the verification in Part VIII.   |                   |  |  |  |  |  |
|    | The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also VII.                         |                   |  |  |  |  |  |

# B22A (Official Form 22A) (Chapter 7) (01/08)

# Part VII. ADDITIONAL EXPENSE CLAIMS

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

56

|    | Expense Description         | Monthly Amount |
|----|-----------------------------|----------------|
| a. |                             | \$             |
| b. |                             | \$             |
| c. |                             | \$             |
|    | Total: Add Lines a, b and c | \$             |

# **Part VIII. VERIFICATION**

I declare under penalty of perjury that the information provided in this statement is true and correct. (*If this a joint case, both debtors must sign.*)

57

Date: January 11, 2008 Signature: /s/ David J. Eck

(Debtor)

Date: January 11, 2008

Signature: /s/ Theresa J. Eck

(Joint Debtor, if any)

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# **United States Bankruptcy Court District of New Hampshire**

| IN RE:   |   |  | Case No. <b>07-12865</b>         |                                 |                                     |  |  |
|--|---|--|----------------------------------|---------------------------------|-------------------------------------|--|--|
| Eck, David J. &  | Chapter 7   |  |                                  |                                 |                                     |  |  |
|  |   | Debtor(s)  |                                  | 1 _                             |                                     |  |  |
|  | CHAPTER 7   | INDIVIDUAL DEBTOR'S STA  | ATEMENT O                        | F INTEN                         | TION                                |  |  |
| I have filed a so  | chedule of executory conti  | lities which includes debts secured by pro-<br>racts and unexpired leases which includes<br>to the property of the estate which secures                                      | personal propert                 | y subject to a                  | an unexpir<br>lease:                | ed lease.  |  |
| Description of Secured Pro   | perty   | Creditor's Name  |                                  | Property will<br>be Surrendered | Property is<br>claimed as<br>exempt | Property will<br>be redeemed<br>pursuant to 11<br>U.S.C. § 722 | Debt will be<br>reaffirmed<br>pursuant to 11<br>U.S.C. § 524(c)        |
| single family ho<br>2004 Volkswage<br>2001 Volkswage                     | on Jetta  | Country Wide Mortgage Com<br>Volkswagon Credit Inc<br>Volkswagon Credit Inc  | pany                             | ✓<br>✓<br>✓                     |                                     |  |  |
| Description of Leased Prop   | perty   | Lessor's Name  |                                  |                                 |                                     |  | Lease will be<br>assumed<br>pursuant to 11<br>U.S.C. §<br>362(h)(1)(A) |
|  |   |  |                                  |                                 |                                     |  |  |
| 01/11/2008   | /s/ David J. Eck  |  | /s/ Theresa J.                   | Fck                             |                                     |  |  |
| Date   | David J. Eck  |  | Theresa J. Ecl                   |                                 | Joi                                 | nt Debtor (i   | f applicable)  |
| I declare under percompensation and and 342 (b); and, bankruptcy petitio | enalty of perjury that: (1) have provided the debtor (3) if rules or guidelines h           | I am a bankruptcy petition preparer as with a copy of this document and the notionave been promulgated pursuant to 11 U. the debtor notice of the maximum amount be section. | defined in 11 Uces and informati | .S.C. § 110;<br>on required t   | (2) I prepunder 11 Unum fee fo      | pared this d<br>I.S.C. §§ 110<br>r services cl                 | ocument for 0(b), 110(h), nargeable by                                 |
| If the bankruptcy  | me and Title, if any, of Bankr<br>petition preparer is not a<br>n, or partner who signs the | n individual, state the name, title (if any  |                                  | Social Security social securit  | _                                   | -  |  |
| Address  |   |  |                                  |                                 |                                     |  |  |
| Signature of Bankrup   | otcy Petition Preparer  |  |                                  | Date                            |                                     |  |  |
| Names and Social is not an individua                                     |   | ner individuals who prepared or assisted in  | preparing this do                | ocument, unle                   | ess the ban                         | kruptcy peti   | tion preparer  |

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

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# **United States Bankruptcy Court District of New Hampshire**

| IN RE:                          |           | Case No. <b>07-12865</b> |
|---------------------------------|-----------|--------------------------|
| Eck, David J. & Eck, Theresa J. |           | Chapter 7                |
| ,                               | Debtor(s) | 1                        |

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS        | LIABILITIES   | OTHER       |
|--|----------------------|---------------------|---------------|---------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$ 350,000.00 |               |             |
| B - Personal Property  | Yes                  | 3                   | \$ 38,825.13  |               |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |               |               |             |
| D - Creditors Holding Secured Claims   | Yes                  | 2                   |               | \$ 384,327.00 |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 2                   |               | \$ 3,657.99   |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 7                   |               | \$ 81,305.56  |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |               |               |             |
| H - Codebtors  | Yes                  | 1                   |               |               |             |
| I - Current Income of Individual Debtor(s)   | Yes                  | 1                   |               |               | \$ 4,665.97 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 1                   |               |               | \$ 6,852.28 |
|  | TOTAL                | 20                  | \$ 388,825.13 | \$ 469,290.55 |             |

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# **United States Bankruptcy Court District of New Hampshire**

| IN RE:                          | Case No. <b>07-12865</b> |
|---------------------------------|--------------------------|
| Eck, David J. & Eck, Theresa J. | Chapter 7                |
| Debtor(s)                       | •                        |

# STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   |    | Amount   |
|---|----|----------|
| Domestic Support Obligations (from Schedule E)  | \$ | 0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$ | 3,657.99 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ | 0.00     |
| Student Loan Obligations (from Schedule F)  |    | 0.00     |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$ | 0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$ | 0.00     |
| TOTAL   | \$ | 3,657.99 |

# State the following:

| Average Income (from Schedule I, Line 16)   |    | 4,665.97 |
|---|----|----------|
| Average Expenses (from Schedule J, Line 18)   |    | 6,852.28 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C |    |          |
| Line 20)  | \$ | 5,702.49 |

# **State the following:**

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |                | \$<br>19,334.00  |
|--|----------------|------------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$<br>3,657.99 |                  |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |                | \$<br>0.00       |
| 4. Total from Schedule F   |                | \$<br>81,305.56  |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |                | \$<br>100,639.56 |

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